

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09833519</div>		FILING DATE <div style="font-size: 1.2em; font-family: monospace;">04-16-01</div>	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
2		1							
3		1							
4		1							
5		1							
6		1							
7		1							
8		1							
9		1							
10		1							
11		1							
12	1								
13		1							
14		1							
15		1							
16		1							
17	1								
18		1							
19		1							
20		1							
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	3	↓		↓		↓		↓	
TOTAL DEP.	17	←		←		←		←	
TOTAL CLAIMS	20								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS